



TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Including Area Code) _____ OFFICE FAX NUMBER (Including Area Code): _____

PERMIT VALID: FROM: _____ TO: _____ MOVEMENT AUTHORIZED: SATURDAY: _____ SUNDAY: _____ DARKNESS: (CVC280): _____	PERMIT NUMBER _____ THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS: <input checked="" type="checkbox"/> <u>Permit Conditions</u> <input type="checkbox"/> <u>Pilot Car Special Cond</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
---	---

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____

DESCRIPTION OF HAULING EQUIPMENT: _____

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:	KINGPIN TO LAST AXLE:	COMB. VEHICLE LENGTH:						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									
LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:					

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____ DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET): _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE

PILOT CAR YES NO

CASH	APPLICANT SIGNATURE	DATE
FEE \$	BALANCE \$	NUMBER OF TRIPS
	AUTHORIZED AGENT SIGNATURE	DATE

REQUESTED ROUTE: _____

APPLICANT CONTACT PERSON (PRINT) _____